PUBLIC INFORMATION
MEDIA INQUIRY TRACKING FORM

Date/Time: _____

Subject: _____

Reporter's Name _____

Media Entity _____ City _____

Phone _____ Fax _____

Request _____

_____

_____

_____

Call Received by: _____ Deadline _____

- -

Action Taken _____

Call returned by _____ Date/Time: _____ Phone: _____

Response _____

_____

_____

Signature _____ STATUS: ☐ Pending ☐ Completed

Source: DHSS